

**SUSPECTED FRAUD REPORT**

**IMPORTANT INFORMATION**

All information you provide to the department on this report is kept confidential. It is important that we receive as much information from you as possible to assist the department in successfully completing the investigation.

**REPORTED BY:** ☐ Employer ☐ Anonymous ☐ Other \_\_\_\_\_

*The information provided will be made available only to the Program Integrity Auditor, should there be additional questions.*

**PLEASE COMPLETE ALL KNOWN INFORMATION:**

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Physical address, if available)*  
\_\_\_\_\_  
*City State ZIP Code*

**Information on employer(s) the claimant is suspected of working for:**

Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Physical address, if available)*  
\_\_\_\_\_  
*City State ZIP Code*

Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Physical address, if available)*  
\_\_\_\_\_  
*City State ZIP Code*

Dates of employment (if known): \_\_\_\_\_

Please provide any additional information which you feel might assist the department in verifying the suspected fraud:

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Please return the completed form by using one of the following methods: Mail to Vermont Department of Labor, Attn: Program Integrity Unit, P.O. Box 488, Montpelier, VT 05601-0488; Fax to 802-828-4198; or email to [vrickert@labor.state.vt.us](mailto:vrickert@labor.state.vt.us)

Date	Action Taken	PI Staff Initials

**FOR DEPARTMENT USE ONLY**

Assigned to: ☐ 01 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ Other: \_\_\_\_\_

Currently Filing? ☐ Yes ☐ No Chargeable Employer? ☐ Yes ☐ No

Tracking #: \_\_\_\_\_ Type: \_\_\_\_\_ Source: \_\_\_\_\_ Segment #: \_\_\_\_\_